



**LOUISVILLE METRO**  
**DEPARTMENT OF HOUSING & FAMILY SERVICES**  
**Community Action Partnership**  
 Retired & Senior Volunteer Program (RSVP)  
 810 Barret Avenue Louisville, KY 40204  
 (502) 574-1530 FAX# (502) 574-6554



**VOLUNTEER ENROLLMENT FORM**

**Circle**

(Mr. Mrs. Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address (if available): \_\_\_\_\_

Source of referral to RSVP: \_\_\_ newspaper \_\_\_ presentation at group meeting, \_\_\_ TV/radio,  
 \_\_\_ family \_\_\_ another volunteer \_\_\_ Other (Please specify) \_\_\_\_\_

What is the highest educational grade level you have completed? \_\_\_\_\_

Career specialty or Degree Major (Optional) \_\_\_\_\_

Do you feel you have a sense of humor? \_\_\_ Yes – I can usually see the “funny side”  
 \_\_\_ Maybe, but only in certain circumstances Comment: \_\_\_\_\_

Special skills or interests: i.e., languages, practical experience, trades, hobbies, etc. \_\_\_\_\_

Have you ever been fined or convicted for violation of any law? ( ) No ( ) Yes (If yes, explain)

Your primary physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Health conditions, disabilities or restrictions that may affect your availability to serve in some  
 positions (steps, long periods of standing/sitting, visual/audio needs, etc.) \_\_\_\_\_

\_\_\_\_\_ (RSVP is ADA compliant in offering a variety of locations/opportunities.)

In case of emergency, notify (Mr. Mrs. Ms.) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone # \_\_\_\_\_

**I plan to use this type of transportation:**

( ) Drive myself ( ) TARC ( ) WHEELS ( ) ride with someone ( ) walk ( ) Other \_\_\_\_\_

If you drive yourself : Car Liability Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Renewal date: \_\_\_\_\_

Driver's license # \_\_\_\_\_ Renewal date: \_\_\_\_\_

**I would hereby like to name the following person as my beneficiary of the accidental life insurance provided by this program:**

(Mr., Mrs., Ms.) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Current employment status:** \_\_\_ Retired \_\_\_ Homemaker \_\_\_ Work part-time  
\_\_\_ Work full time If working now, where? \_\_\_\_\_

Place of pre-retirement employment \_\_\_\_\_

**Please help us recruit others!** We'd like to send her / him some information **without** obligation.

Name of a friend or family member, age 55 or over, who may be a potential RSVP Volunteer:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**I have received a copy of the volunteer handbook (policy and procedure) and agree to abide by the rules and regulations of RSVP. I also agree to serve as a volunteer without compensation/wages.**

**I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge**

**Enrollee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

RSVP Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

Vol. Works # \_\_\_\_\_ E Code \_\_\_\_\_ ADA \_\_\_\_\_ How \_\_\_\_\_

Station #1 \_\_\_\_\_ Position \_\_\_\_\_ BHN \_\_\_\_\_

Station #2 \_\_\_\_\_ Position \_\_\_\_\_ BHN \_\_\_\_\_

Station #3 \_\_\_\_\_ Position \_\_\_\_\_ BHN \_\_\_\_\_